

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13391</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>Arthur</u> <u>Guzman</u> P.O. Box, Bldg., Room No., if any Street <u>18355 S. Figueroa St.</u> City <u>Gardena</u> State <u>California</u> ZIP Code + 4 <u>90248</u>	4. Name, file number, and address of labor organization. Name <u>United Association Union Local 250</u> Labor Organization File Number <u>048-054</u> P.O. Box, Building and Room Number, if any Street <u>18355 S. Figueroa St.</u> City <u>Gardena</u> State <u>California</u> ZIP Code + 4 <u>90248</u>
5. Position in labor organization. <u>Assistant Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Name of Person Filing Arthur Guzman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Airconditioning & Refrigeration Trust Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1380 S. Sanderson St.
City Anaheim
State California ZIP Code + 4 92806

11.a. Nature of such dealing.

Provide Members with Health and Welfare and Pension Benefits

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement check for attending educational conference ON 8/29/2004

12.b. Amount.

\$3,008.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:

14.a. Nature of payment.

Name of Person Filing Arthur Guzman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Airconditioning & Refrigeration Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1380 S. Sanderson St.

City Anaheim

State California ZIP Code + 4 92806

11.a. Nature of such dealing.

Provide Members with Health and Welfare and Pension Benefits

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement check for attending educational conference on 12/10/2004

12.b. Amount.

\$1,986.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

14.a. Nature of payment.

Name of Person Filing Arthur Guzman	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Airconditioning & Refrigeration Trust Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1380 S. Sanderson St."/></p> <p>City <input type="text" value="Anaheim"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92806"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Provide Members with Health and Welfare and Pension Benefits"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Reimbursement check for attending educational conference on 9/23/2004"/></p> <p>12.b. Amount. <input type="text" value="\$1,850.00"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Arthur Guzman	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Airconditioning & Refrigeration Trust Fund"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="1380 S. Sanderson St."/></p> <p>City <input style="width: 80%;" type="text" value="Anaheim"/></p> <p>State <input style="width: 20%;" type="text" value="California"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="92806"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Provide Members with Health and Welfare and Pension Benefits </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Reimbursement check for attending educational conference on 2/12/2004 </div> <p>12.b. Amount. <input style="width: 80%;" type="text" value="\$1,284.00"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor-relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 80%;" type="text"/></p>

Part B

Name of Reporting Employer: Air Cond. & Refrigeration Pension Trust	File Number
---	-------------

Check Item Number (from Page 2)
to which this Part B applies

ITEM 8.a ☒ITEM 8.b ☐ITEM 8.c ☐ITEM 8.d ☐ITEM 8.e ☐ITEM 8.f ☐

<p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p>		<p>9.c. Position in labor organization or with employer (If an independent labor consultant, so state). Board of Trustees Member</p>	
<p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name Arthur Guzman</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 18355 S. Figueroa</p> <p>City Gardena</p> <p>State California ZIP Code +4 90248</p>		<p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization Union Local 250</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 18355 S. Figueroa</p> <p>City Gardena</p> <p>State California ZIP Code +4 90248</p>	
<p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p>		<p>10.b. The promise, agreement, or arrangement was:</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>	
<p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p>	<p>11.b. Amount of each payment or expenditure</p>	<p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p>	
02/12/2004	1,284	Reimbursement by check	
09/23/2004	1,850	Reimbursement by check	
12/10/2004	1,986	Reimbursement by check	
8/27/2004	3,008	Reimbursement by check	
<p>12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.</p> <p>The \$1284 payment was a reimbursement of conference related expenses incurred by the individual.</p> <p>The \$1850 payment was a reimbursement of conference related expenses incurred by the individual. The individual was issued an advance in the amount of \$1544, then issued another check in the amount of \$306.14 for additional expenses incurred which were not covered by the advance.</p> <p>The \$1986 payment was a reimbursement of conference related expenses incurred by the individual.</p>			

Name of Person Filing

ARTHUR GUZMAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

9.

Trade Name, if any:

9.

P.O. Box, Bldg., Room No., if any

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

JOINT JOURNEYMEN APPRENTICE TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

2220 SOUTH HILL STREET

City

LOS ANGELES

State

CALIFORNIA

ZIP Code + 4

90007

11.a. Nature of such dealing.

PROVIDE TRAINING FOR JOURNEYMEN
AND APPRENTICES

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTEND GRADUATION BANQUET FOR
APPRENTICES ON 9/25/04

12.b. Amount.

\$ 100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment.